

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213539390				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: AMERISURE INSURANCE COMPANY</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: RICHARD A. SAUNDERS FURNISS DAVIS ET AL 6160 KEMPSVILLE CIR SMITHFIELD BLDG., STE. 341-B</p> <p>NORFOLK, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: NORFOLK CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: MI</p> </div> <div style="width: 35%;"> <p>DUE DATE: 9/30/2013</p> <p>SCC ID NO: F0416497</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>2,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	2,000,000
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COMMON	2,000,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 26777 HALSTED ROAD</p> <p style="margin-left: 40px;">CITY/ST/ZIP: FARMINGTON HILLS, MI 48331-3586</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: RICHARD F RUSSELL TITLE: P/CEO ADDRESS: 6295 BLOOMFIELD GLENS CITY/ST/ZIP/CO: WEST BLOOMFIELD, MI 48322 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: RICHARD F RUSSELL TITLE: P/CEO ADDRESS: 6295 BLOOMFIELD GLENS CITY/ST/ZIP/CO: WEST BLOOMFIELD, MI 48322	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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NAME:	AMY LOUISE HENNING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	21962 ROXBURY		
CITY/ST/ZIP/CO:	NOVI, MI 48374		
NAME:	ANGELA MARY MCBRIDE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1051 DEVONSHIRE		
CITY/ST/ZIP/CO:	GROSSE POINTE PARK, MI 48230		
NAME:	MICHAEL SHAWN OROURKE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	540 BERWYN		
CITY/ST/ZIP/CO:	BIRMINGHAM, MI 48009		
NAME:	DON ARTHUR SMITH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	54021 TRENT RIVER DRIVE		
CITY/ST/ZIP/CO:	SHELBY TOWNSHIP, MI 48315		
NAME:	EDWARD HARRIS WAGNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1288 DORCHESTER		
CITY/ST/ZIP/CO:	BIRMINGHAM, MI 48009		
NAME:	MATTHEW JOSEPH SIMON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	412 ROSARIO LANE		
CITY/ST/ZIP/CO:	WHITE LAKE, MI 48386		
NAME:	SUSAN GAILEY VINCENT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1787 SHEFFIELD		
CITY/ST/ZIP/CO:	BIRMINGHAM, MI 48009		
NAME:	KAREN BATCHELOR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	26116 WYOMING		
CITY/ST/ZIP/CO:	HUNTINGTON WOODS, MI 48070		
NAME:	ROBERT KENNETH BURGESS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1015 N GLENGARRY RD		
CITY/ST/ZIP/CO:	BLOOMFIELD HILLS, MI 48301		
NAME:	PHILLIP EUGENE LOVE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	224 WOOD DUCK ROAD		
CITY/ST/ZIP/CO:	COLUMBIA, SC 29223		
NAME:	JAMES BRUCE NICHOLSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	222 CLOVERLY		
CITY/ST/ZIP/CO:	GROSSE POINTE FARMS, MI 48236		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BETTINA MARIE WHYTE DIRECTOR 6295 N ASPEN DRIVE JACKSON, WY 83001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES B COE DIRECTOR 2000 HERON ISLAND WAY WADMALAW, SC 29487	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS R HERRICK DIRECTOR 1450 REDDING BIRMINGHAM, MI 48009	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ RICHARD F RUSSELL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RICHARD F RUSSELL, P/CEO PRINTED NAME AND CORPORATE TITLE	8/23/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			